

The **Africa Malaria** **Report** 2003



World Health
Organization



Roll Back Malaria

- Launched October 1998 (WHO, UNICEF, World Bank, UNDP)
- Goal: to halve the global malaria burden by 2010
 - 90% of malaria deaths occur in Africa
- Interventions:
 - Access to prompt effective treatment
 - Insecticide-treated nets
 - Prevention of malaria during pregnancy
 - Early detection and response to epidemics

African Summit on Roll Back Malaria

Abuja, Nigeria

25 April 2000

- Intervention coverage targets for Africa (2005)
 - 60% of under-fives and pregnant women sleeping under ITNs
 - 60% of those suffering from malaria receive appropriate treatment within 24 hours
 - 60% of pregnant women receiving IPT
 - 60% of epidemics detected within 2 weeks of onset and responded to within 2 weeks of detection

Indicators

- Numbers of malaria cases and deaths
- Under-five all-cause mortality rate
- Under-five malaria-attributed mortality rate
- % of HH having at least one ITN
- % of under-fives who slept under ITN last night
- % of under-fives who received prompt, effective malaria treatment
- % of pregnant women who received IPT
- % of pregnant women who slept under an ITN last night
- % of malaria epidemics detected within 2 weeks and with proper response within 2 weeks of detection

Africa Malaria Report 2003

Where are we at this point in the Roll Back Malaria Partnership efforts?

- What are the successes?**
- How much more needs to be done?**
- What are the challenges?**

Africa Malaria Report 2003:

Contents

- **Foreward, Executive Summary, Introduction**
- **Burden of malaria in Africa**
- **ITNs**
- **Prompt and effective treatment**
- **Malaria during pregnancy**
- **Response to epidemics and complex emergencies**
- **Resource mobilization and financing**
- **Appendices**
 - **data sources**
 - **country profiles**
 - **tables by indicator**

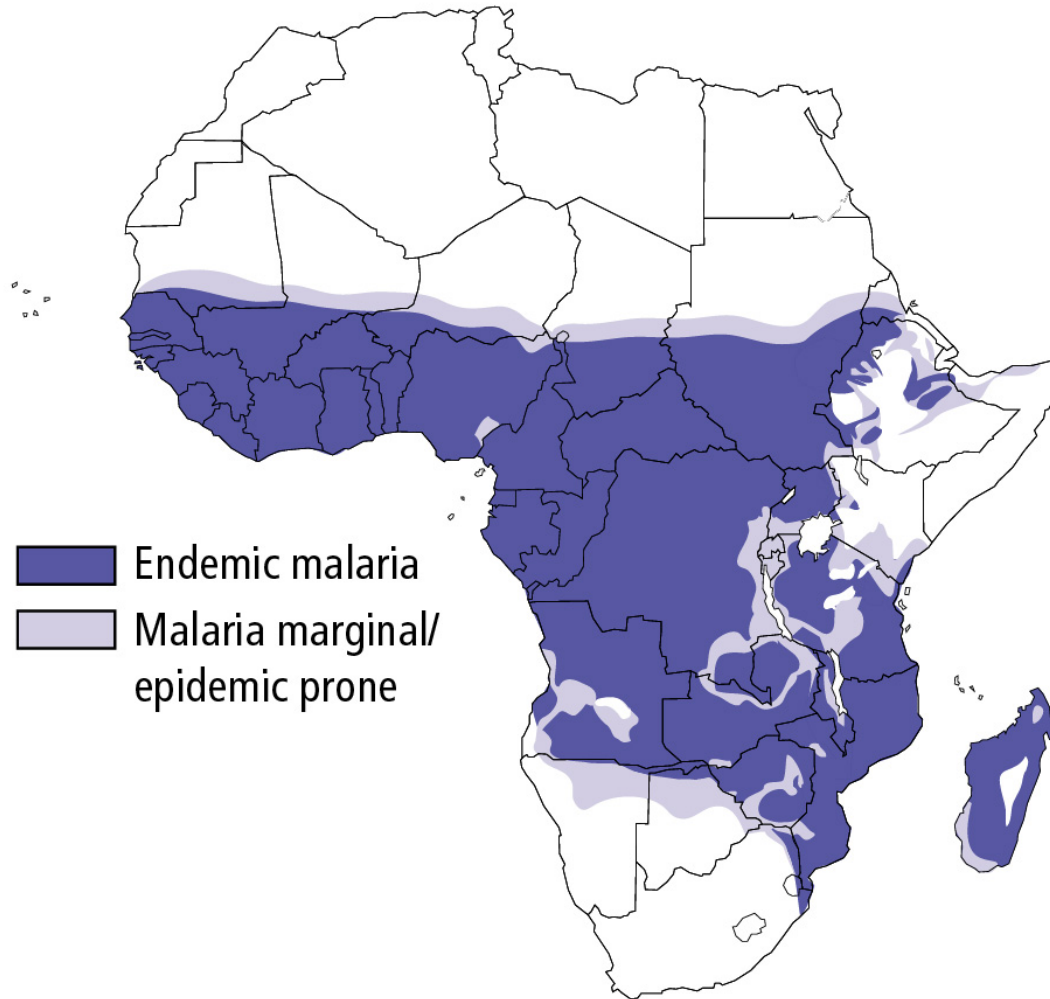
Africa Malaria Report 2003

- **Estimated health burden** EIP(Snow model), DSS
- **Recorded burden to the health system** HIS → MoH → AFRO
- **Coverage of ITNs, treatment, IPT** DHS, MICS II
- **Inequities in coverage**
 - **gender, rural vs urban, wealth quintile** DHS, MICS II

Africa Malaria Report 2003

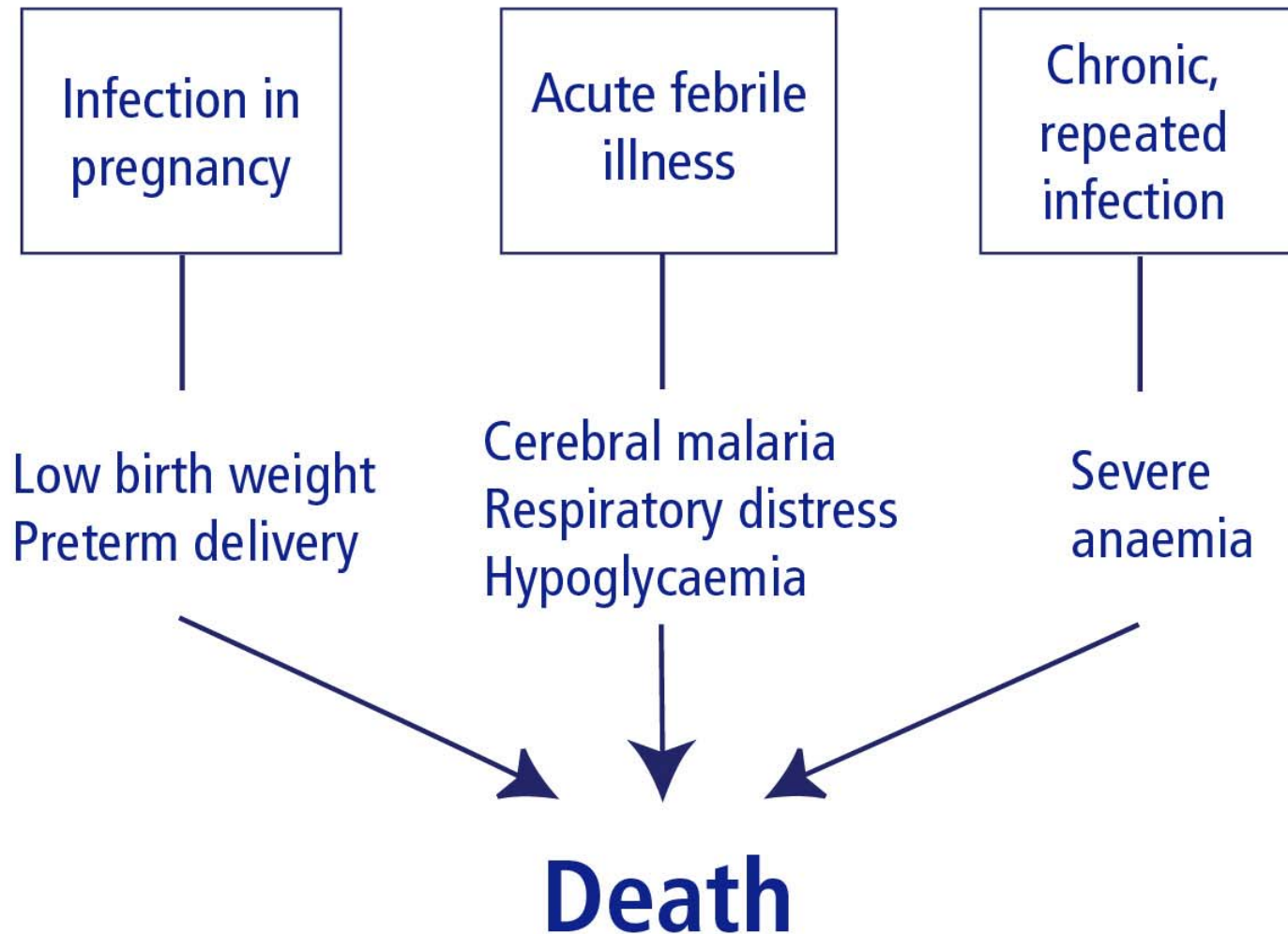
- **Estimated health burden** regional
- **Recorded burden to the health system** sub-regional (country)
- **Coverage of ITNs, treatment, IPT** by country
- **Inequities in coverage** pooled across countries
 - **gender, rural vs urban, wealth quintile**

Distribution of endemic malaria

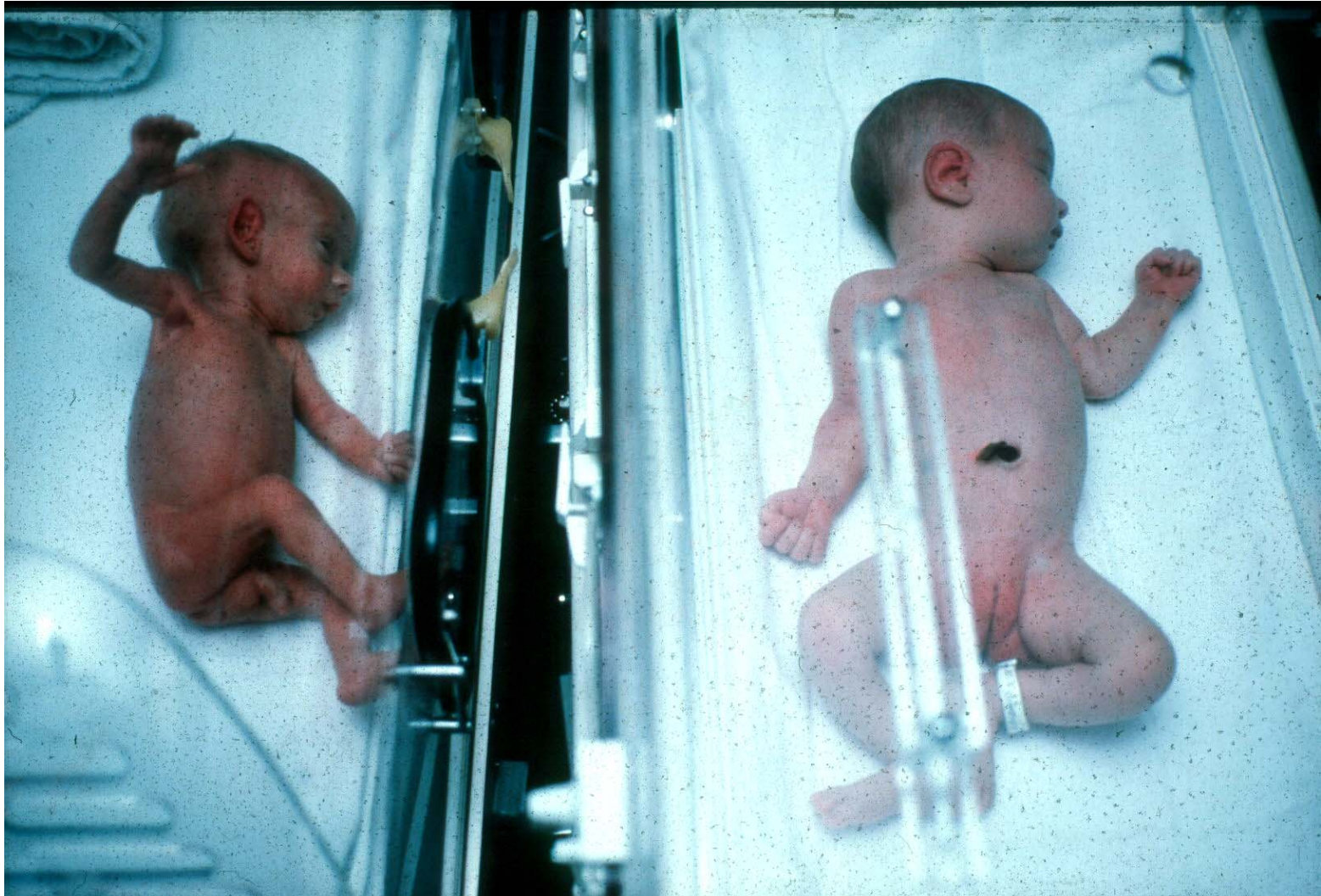


Source: Africa Malaria Report 2003, Figure 1.1

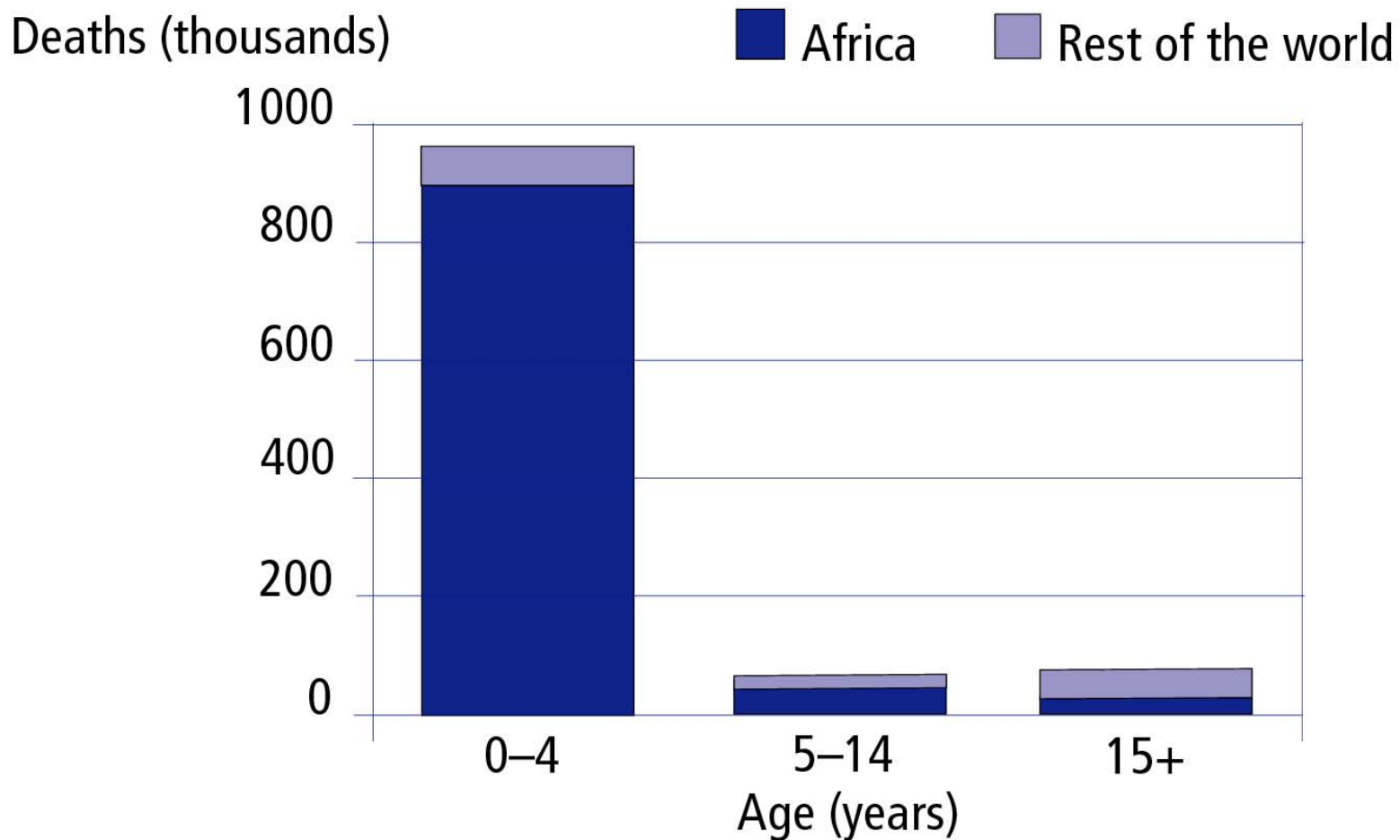
Malaria kills children in three different ways



Low birth weight

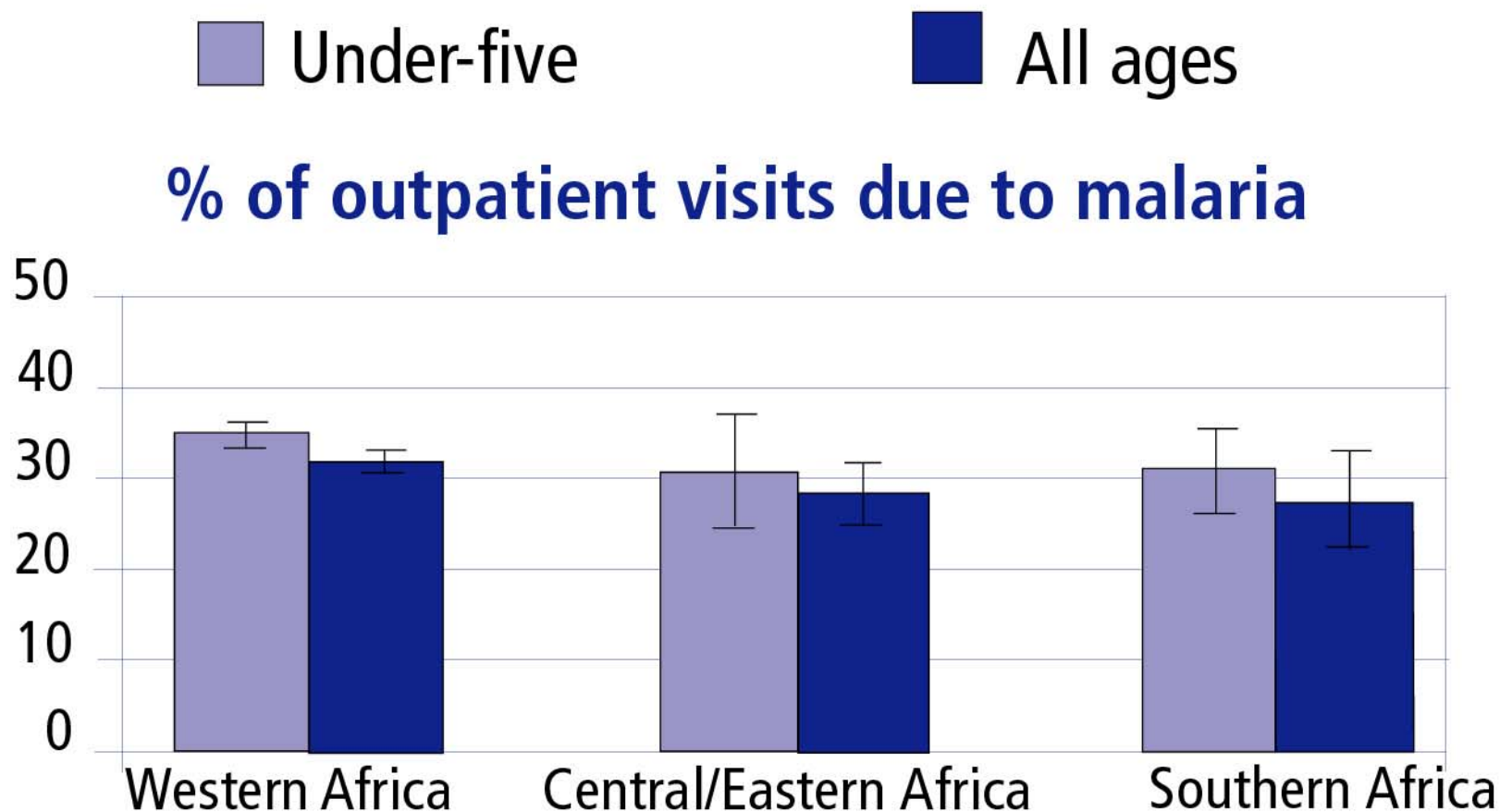


Most of the malaria burden is from deaths in young children



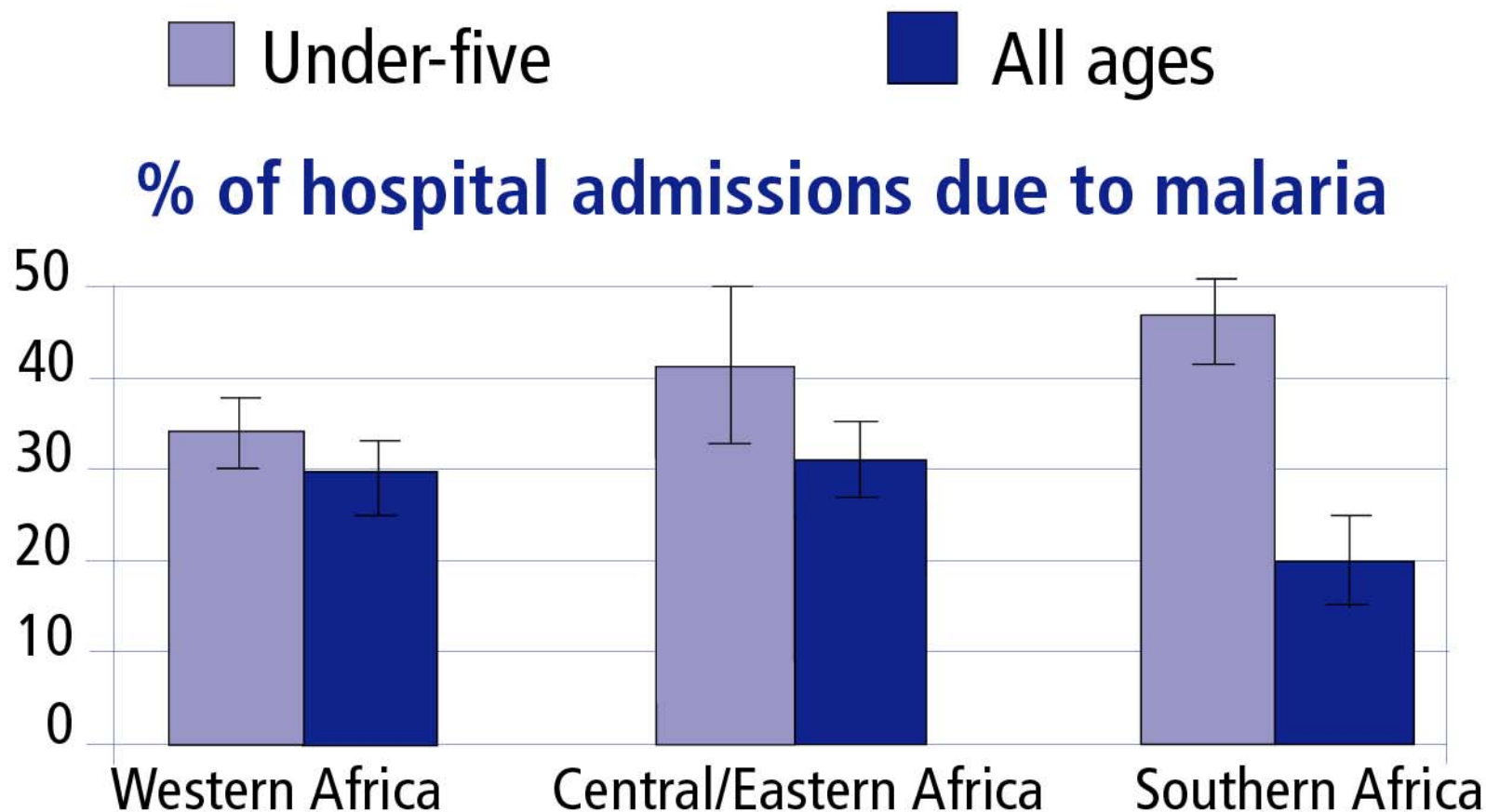
Source: Africa Malaria Report 2003, Figure 1.3

Malaria burden on health facilities (1)



Source: Africa Malaria Report 2003, Figure 1.5

Malaria burden on health facilities (2)



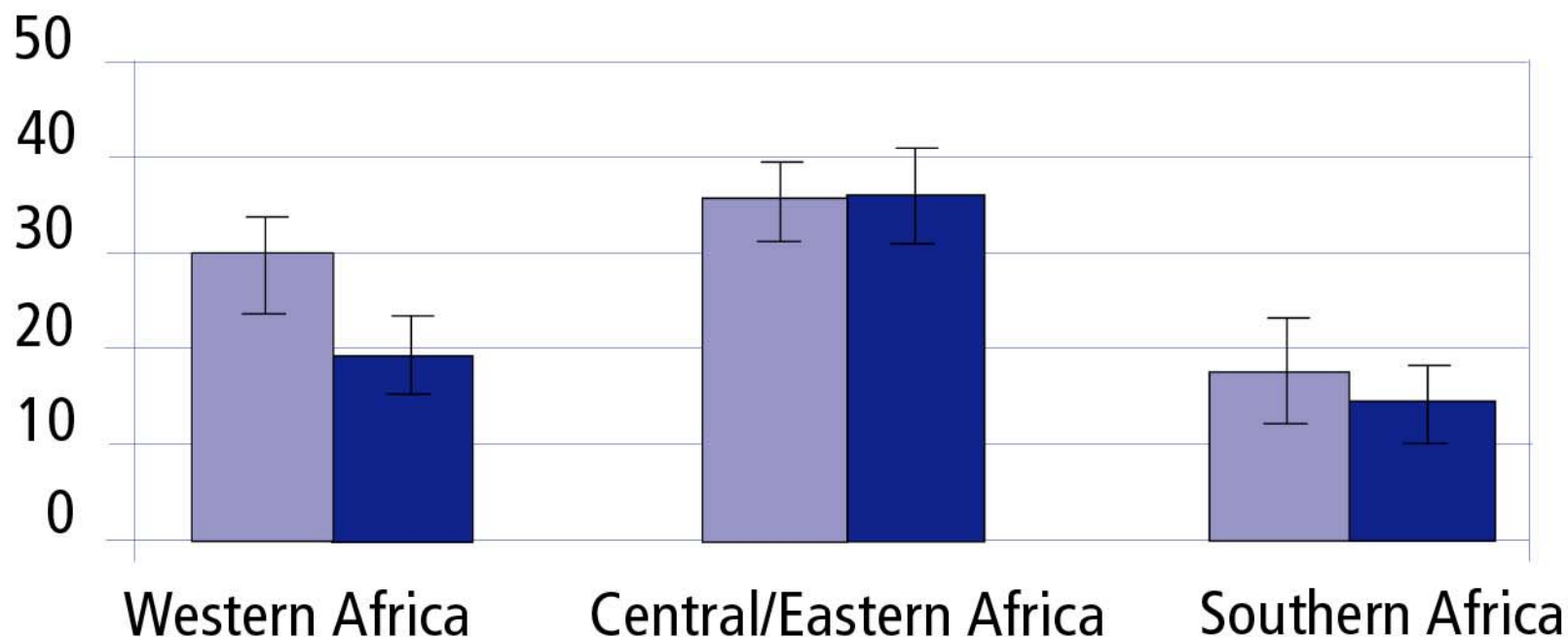
Source: Africa Malaria Report 2003, Figure 1.5

Malaria burden on health facilities (3)

Under-five

All ages

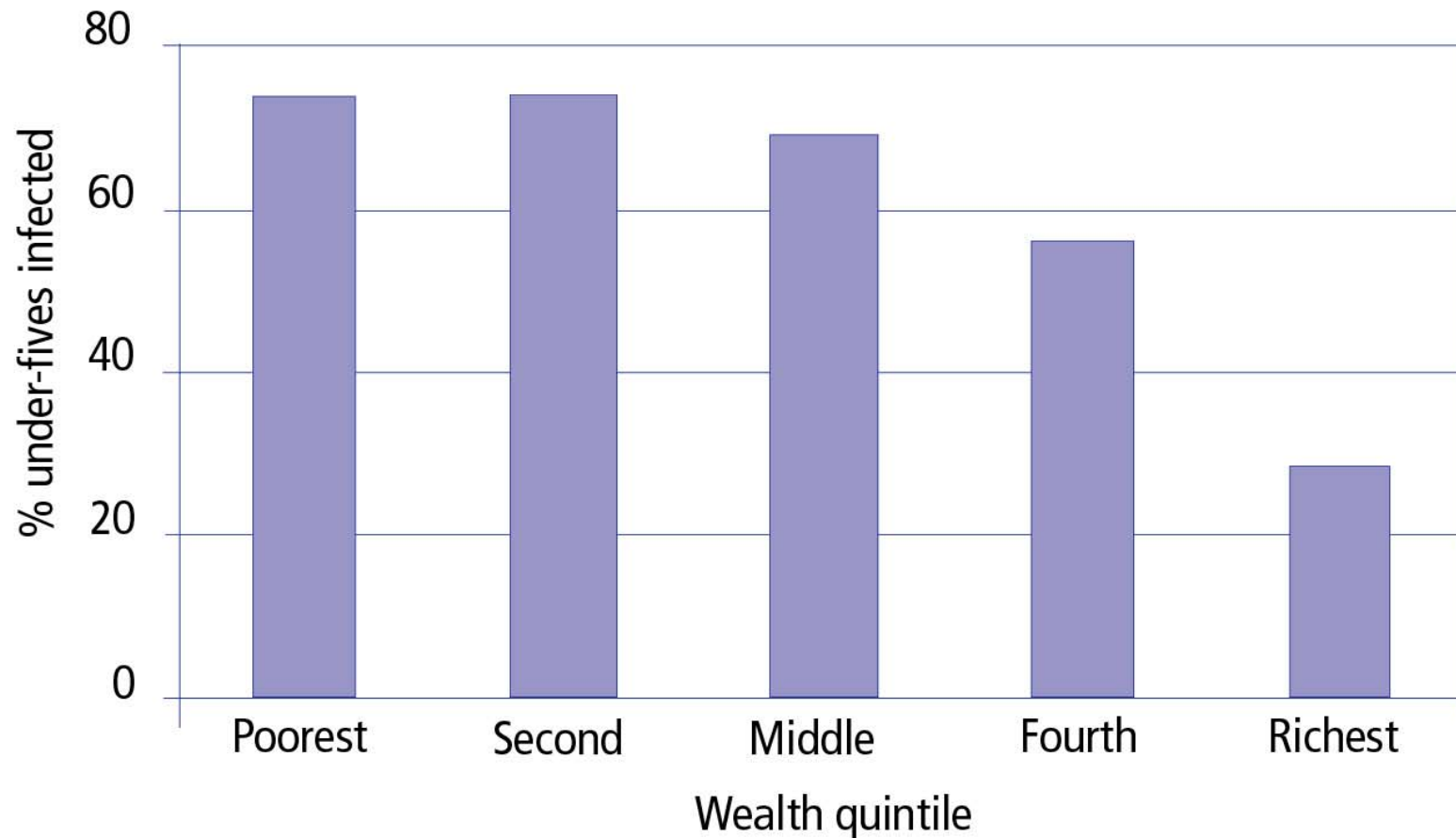
% of hospital deaths due to malaria



Source: Africa Malaria Report 2003, Figure 1.5

Parasite prevalence is higher in poor children

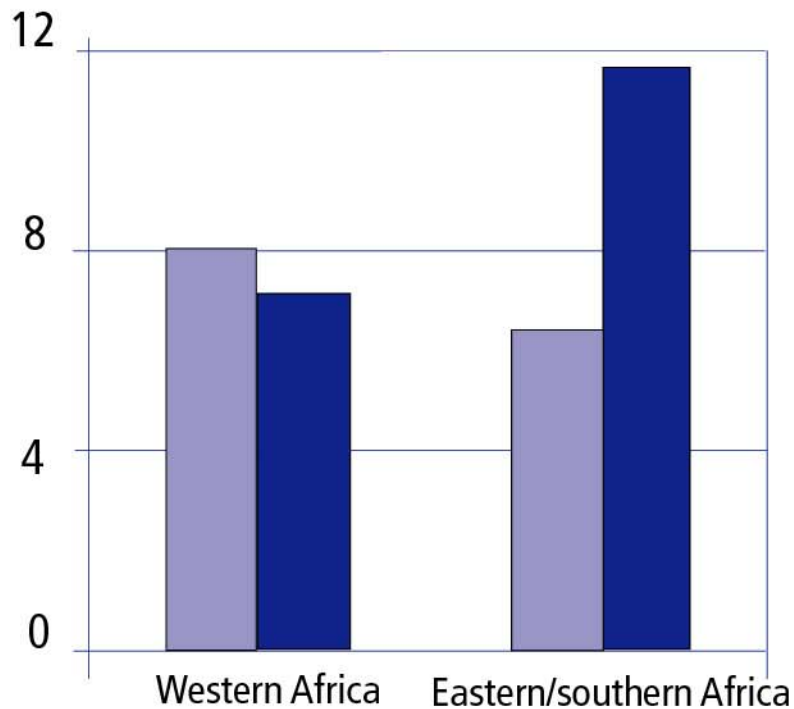
The prevalence of malaria infection was higher in under-fives from poorer families in 10 districts surveyed in Zambia.



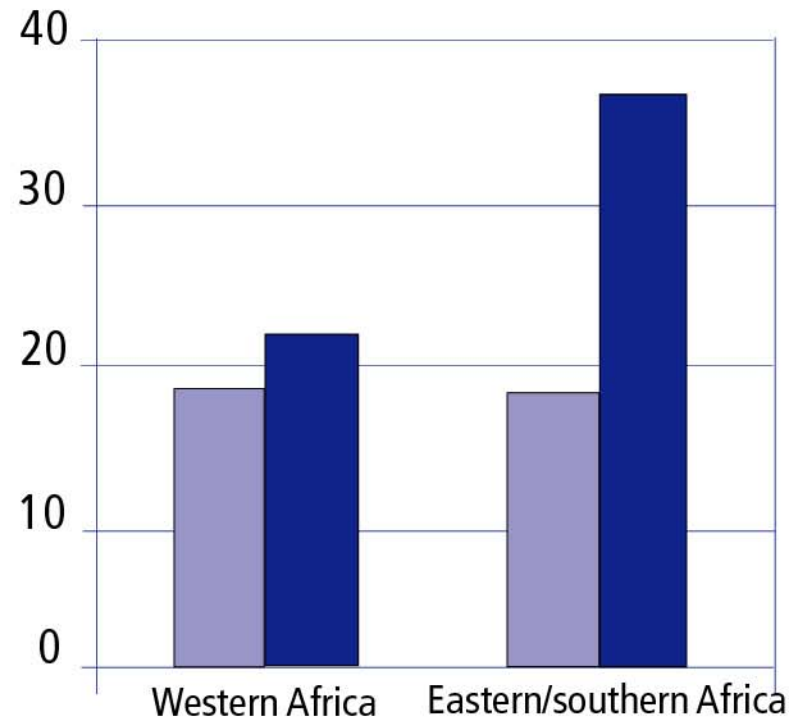
Source: Africa Malaria Report 2003, Figure 1.6

Malaria mortality in DSS sites

Malaria mortality/1000 under-five years



% under-five deaths due to malaria



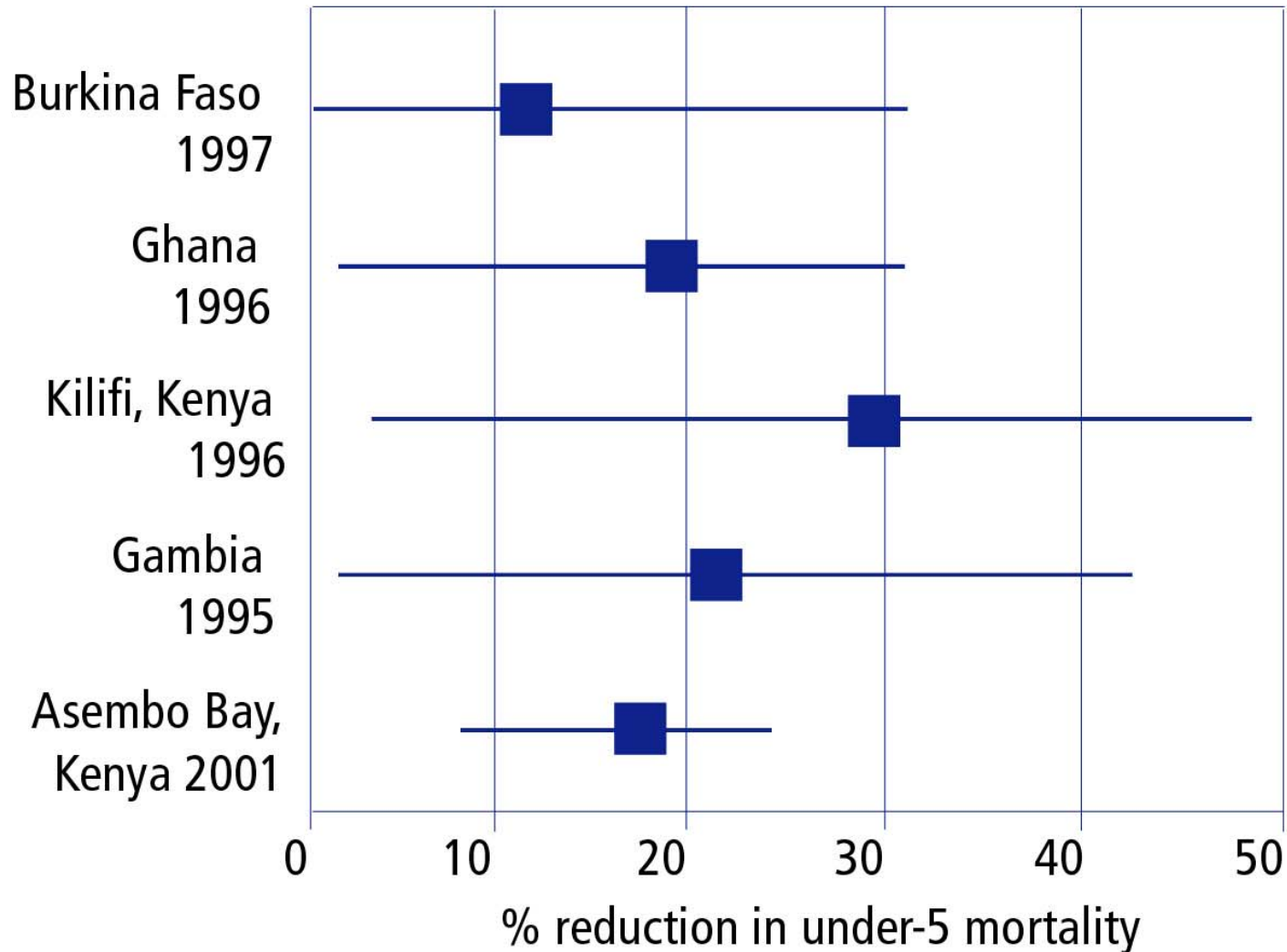
1982-1989

1990-1998

Source: Africa Malaria Report 2003, Figure 1.8

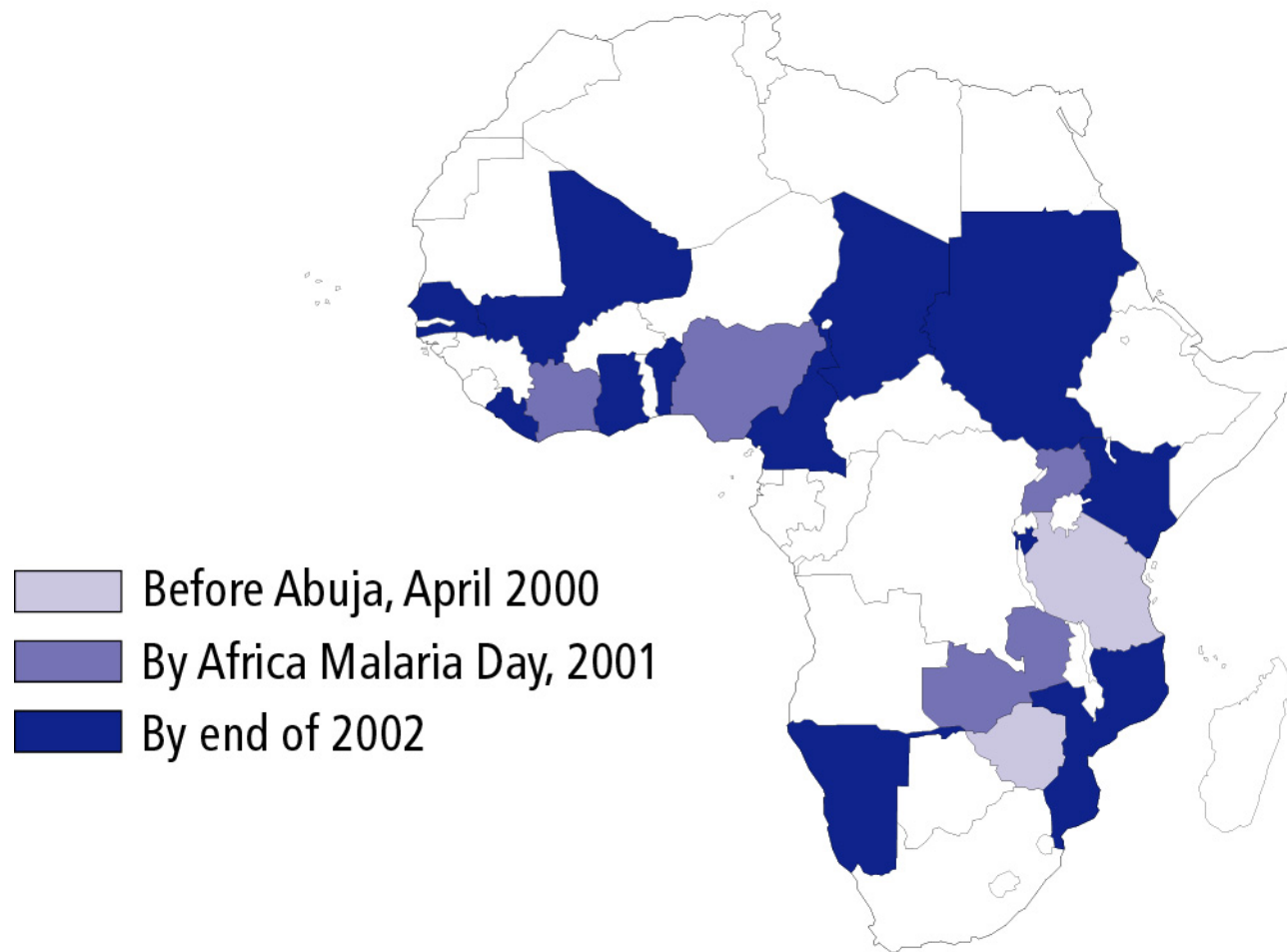
Insecticide-treated nets

ITNs reduce under-5 mortality



Source: Africa Malaria Report 2003, Figure 2.1

Reduction of taxes and tariffs

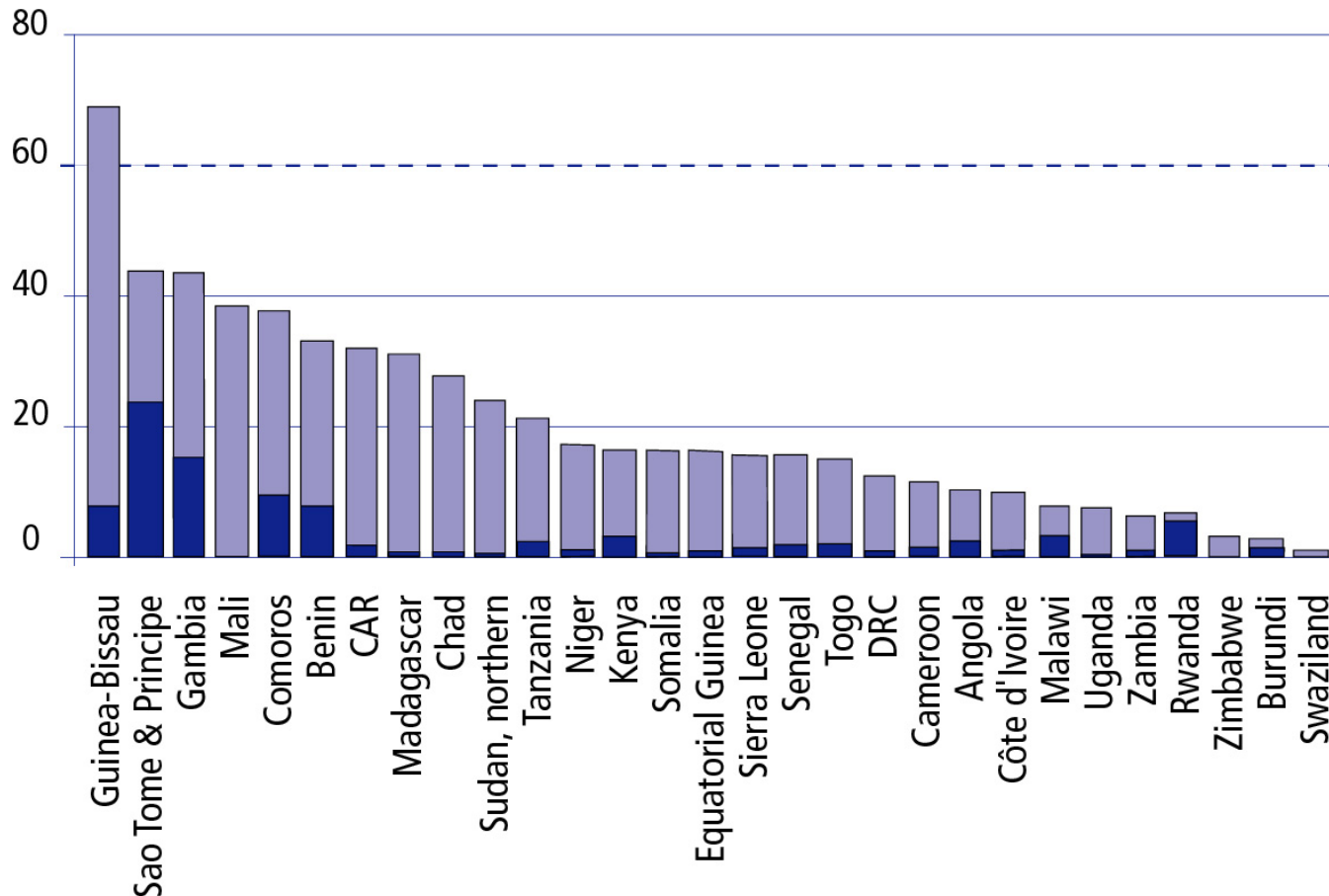


Source: Africa Malaria Report 2003, Figure 2.2

Use of nets in Africa

% under-fives who slept under a net the night before the survey

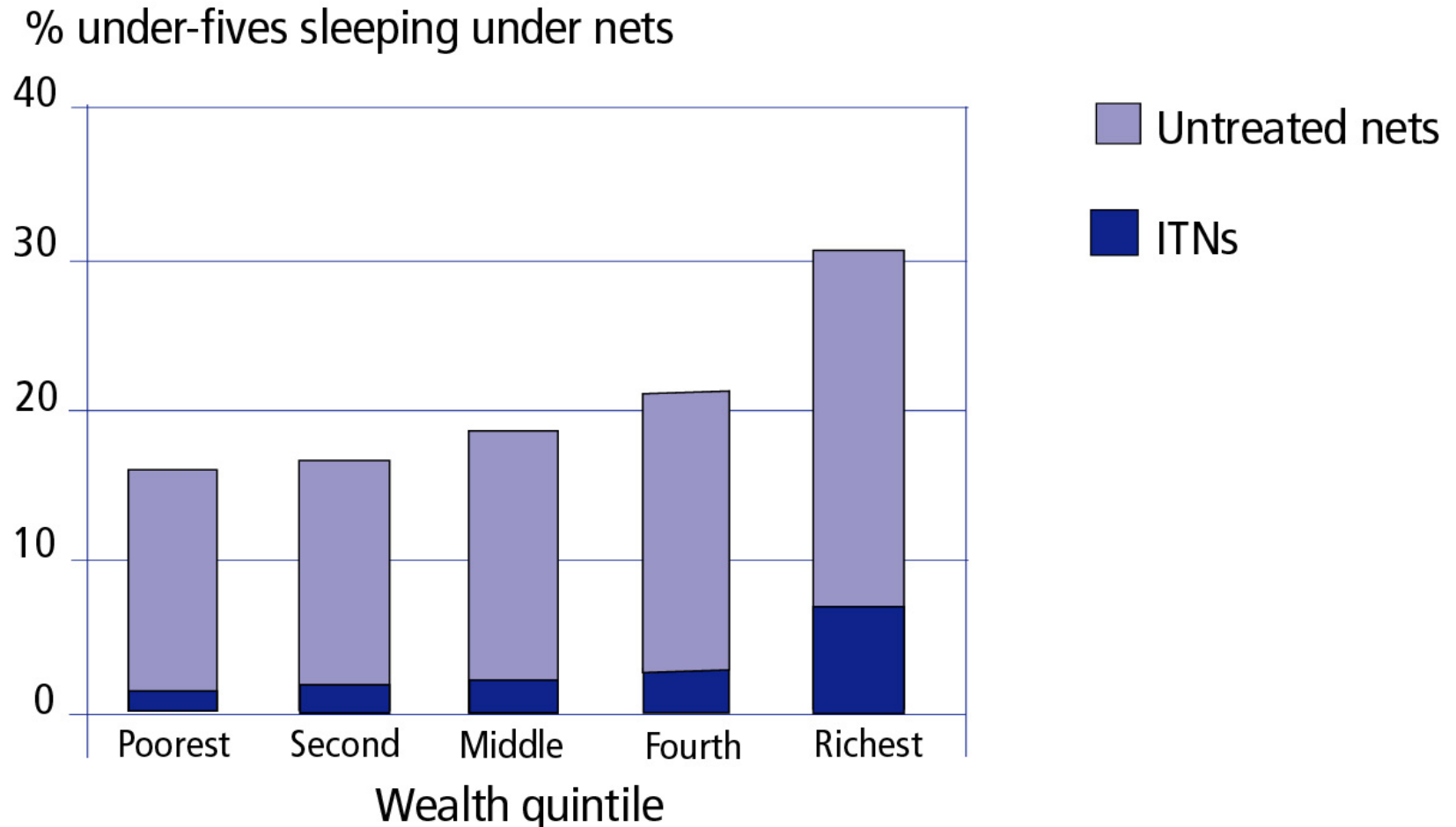
■ ITN ■ Any net



Note: Dotted line indicates Abuja target.

For Mali and Zimbabwe no data on ITNs available.

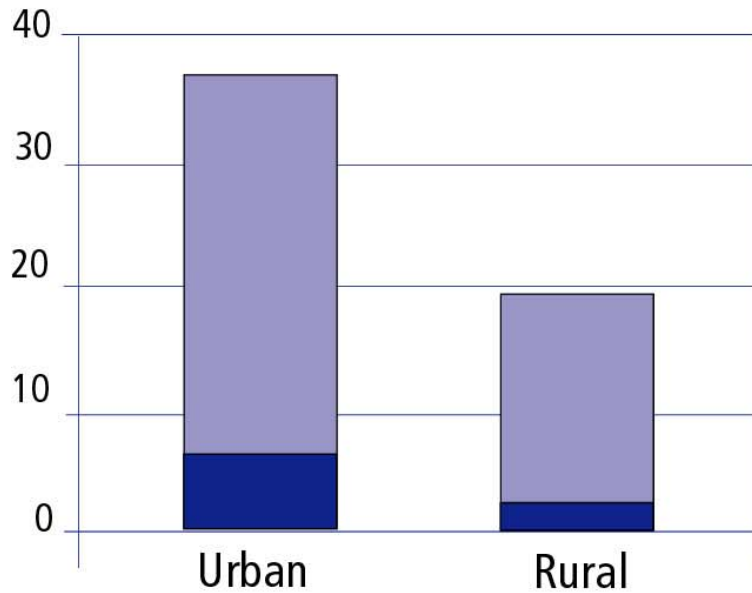
Net ownership and use is lowest in poor households



Source: Africa Malaria Report, Figure 2.5

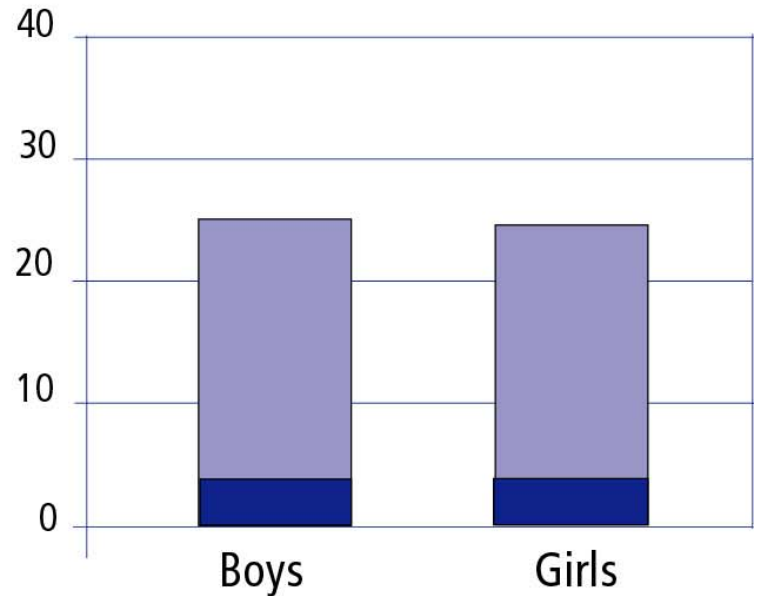
Children in rural households are less likely to use nets

% under-fives sleeping under nets



Untreated nets

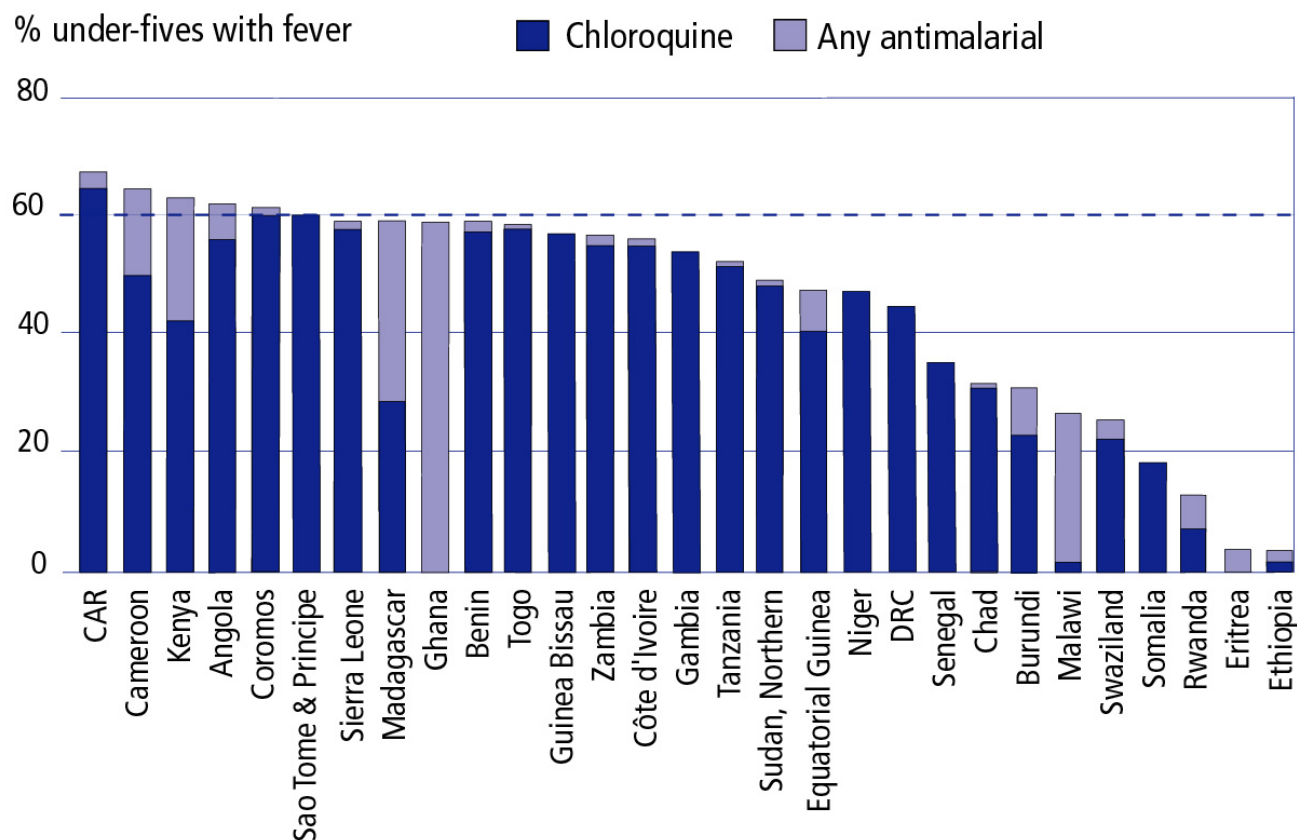
% under-fives sleeping under nets



ITNs

**Prompt and effective
treatment**

Almost half of febrile under-fives are treated with antimalarials. Most treatments involve chloroquine against which resistance is increasing.

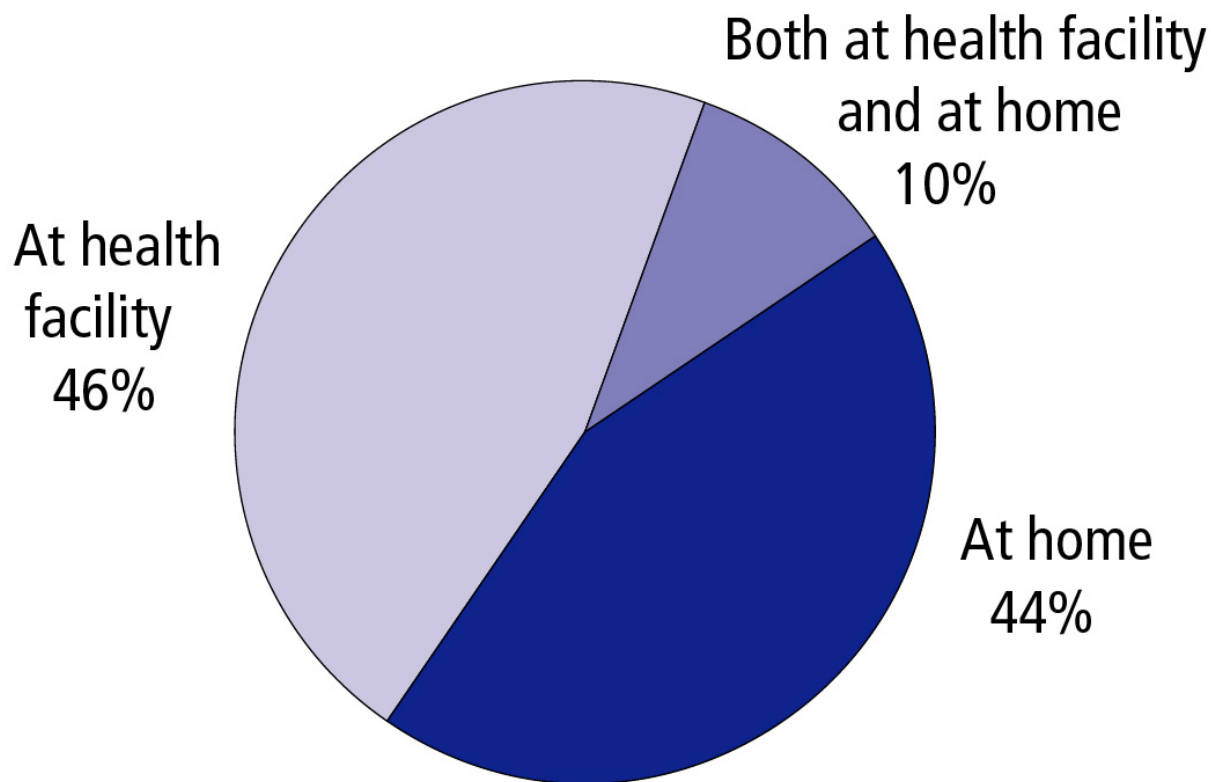


Note: Dotted line indicates Abuja target. No chloroquine data available for Ghana (DHS, 1998) and Eritrea (preliminary data DHS, 2002).

These data do not indicate source of treatment, i.e. formal or informal private sector.

Source: Africa Malaria Report 2003, Figure 3.6

Where do young children with fever taking antimalarials receive treatment?

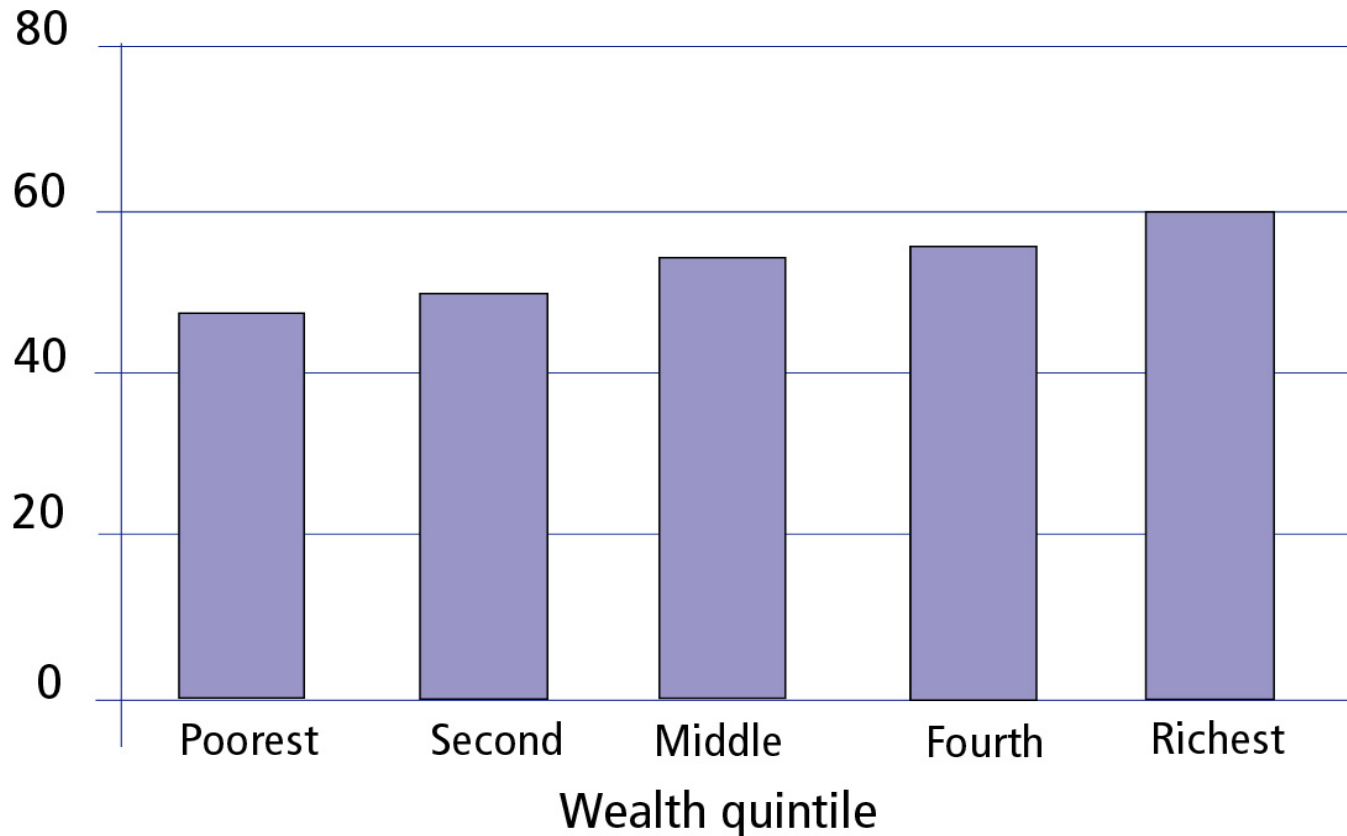


Note: Based on data from 21 countries

Source: Africa Malaria Report 2003, Figure 3.8

Antimalarial treatment is lower for children living in poorer households

% under-fives with fever receiving antimalarials



Source: Africa Malaria Report 2003. Figure 3.10

Malaria during pregnancy

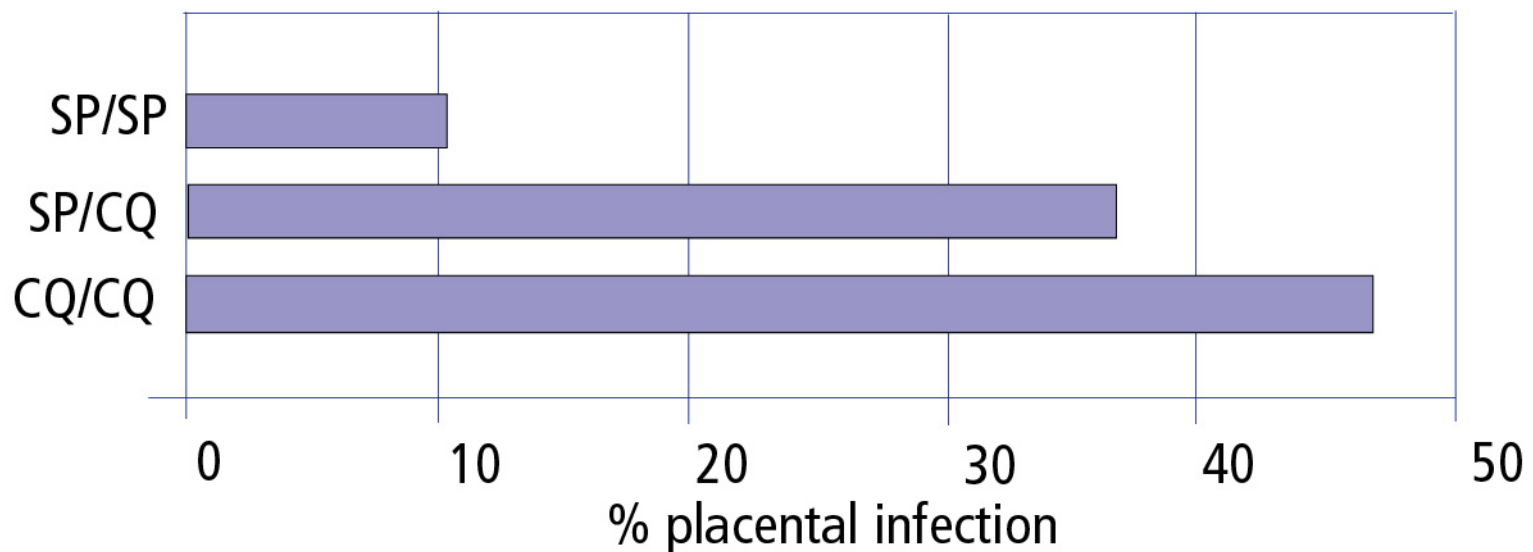
Cost-effective tools to fight malaria during pregnancy



- **Treatment**
 - *Case management*
- **Prevention**
 - *Intermittent preventive treatment (IPT)*
 - *Insecticide-treated nets*

High seasonal transmission

Two treatment doses with SP were highly effective in reducing the proportion of women in their first or second pregnancy with placental malaria infection at delivery during peak transmission season in Malawi.



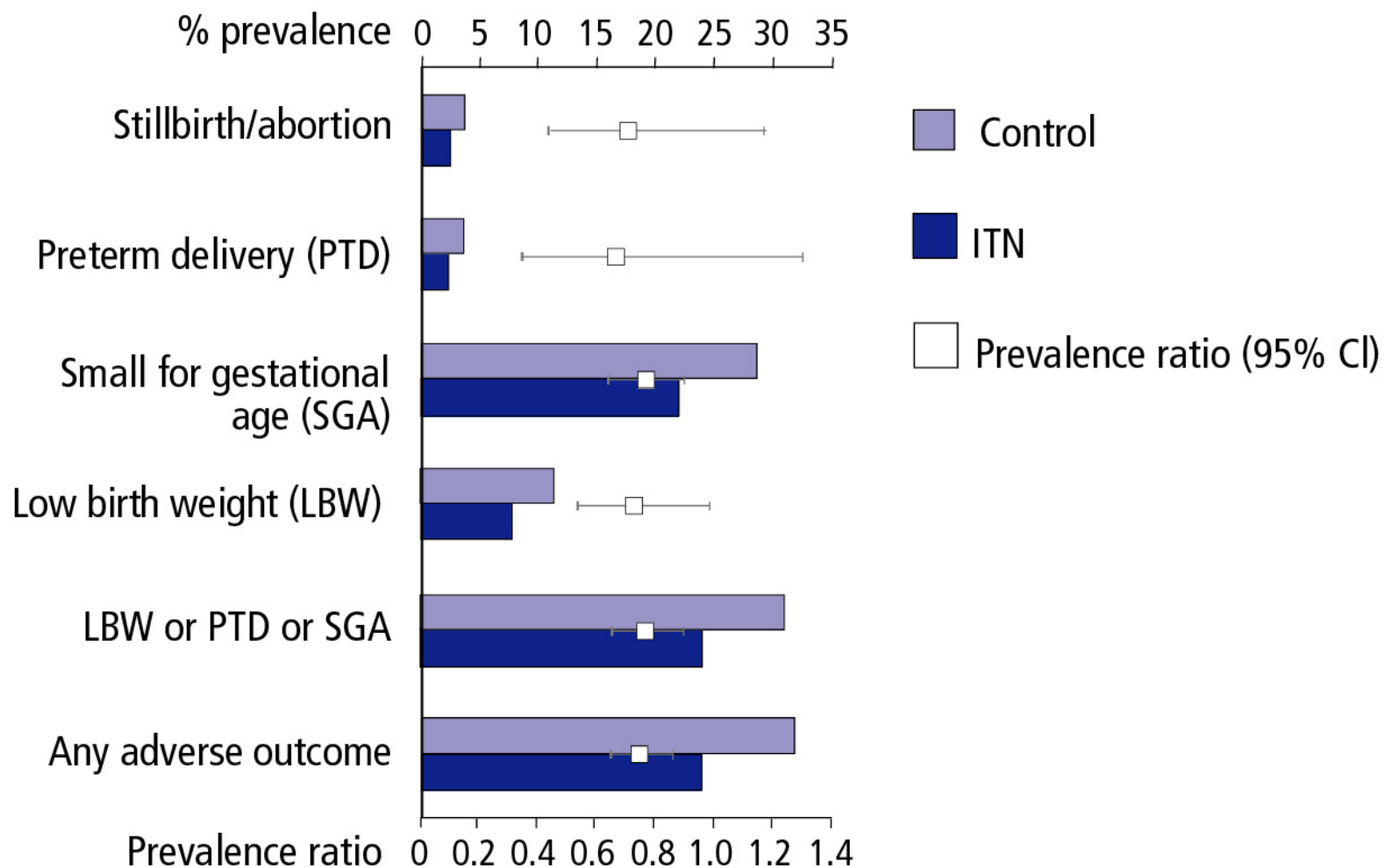
SP/SP: two-dose SP

SP/CQ: one-dose SP followed by weekly CQ

CQ/CQ: CQ treatment followed by weekly CQ

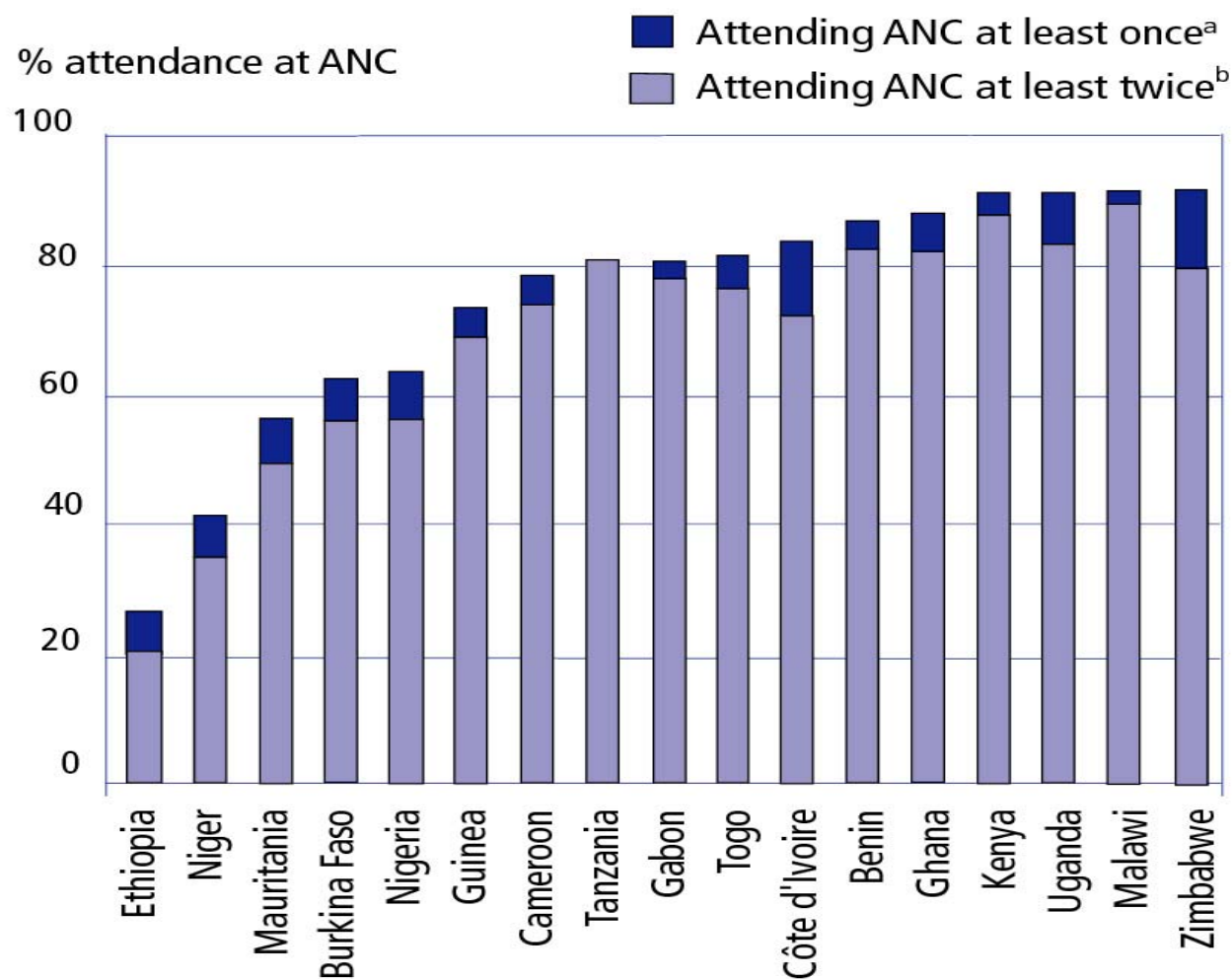
Source: Africa Malaria Report 2003, Figure 4.3

ITN use among women in their first four pregnancies reduced LBW and premature birth by 25%



Source: Africa Malaria Report
2003, Figure 4.5

Most women in Africa south of the Sahara attend an antenatal clinic at least once

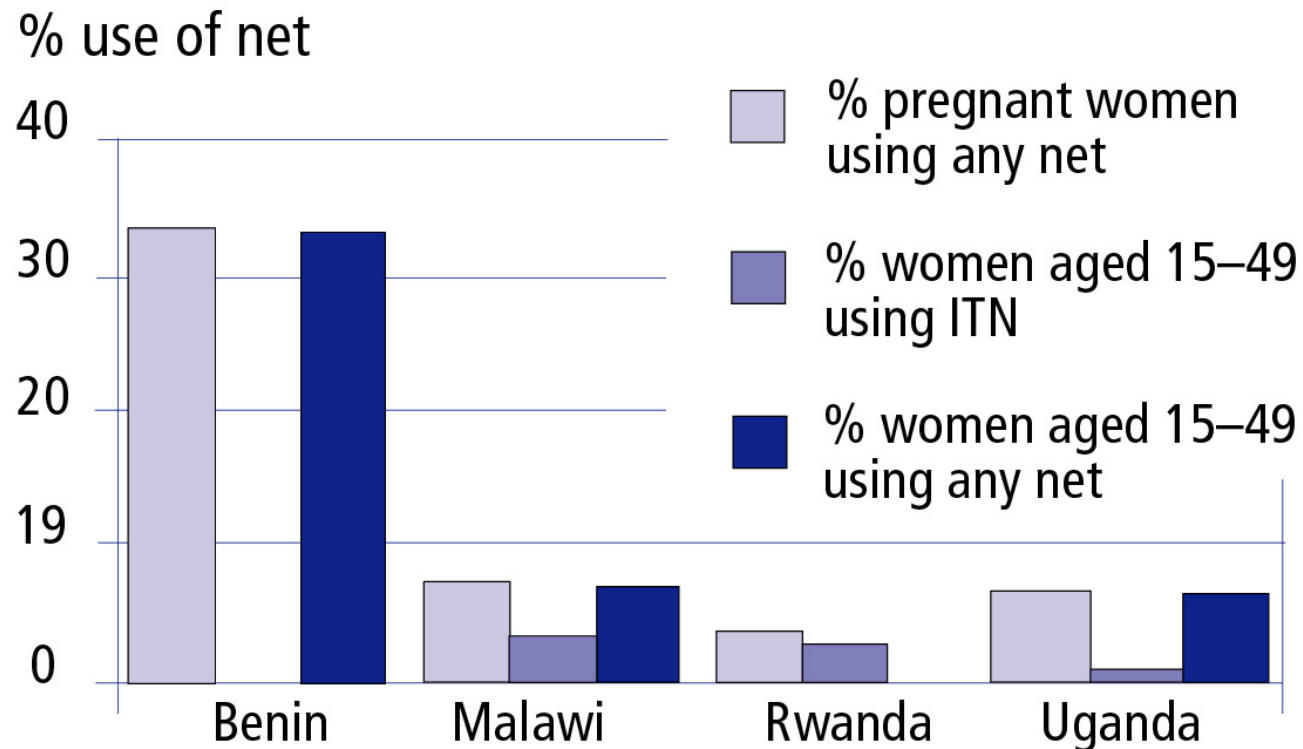


a: Attended by skilled provider

b: Does not reflect skill level of care provider

Source: Africa Malaria Report 2003, Figure 4.6

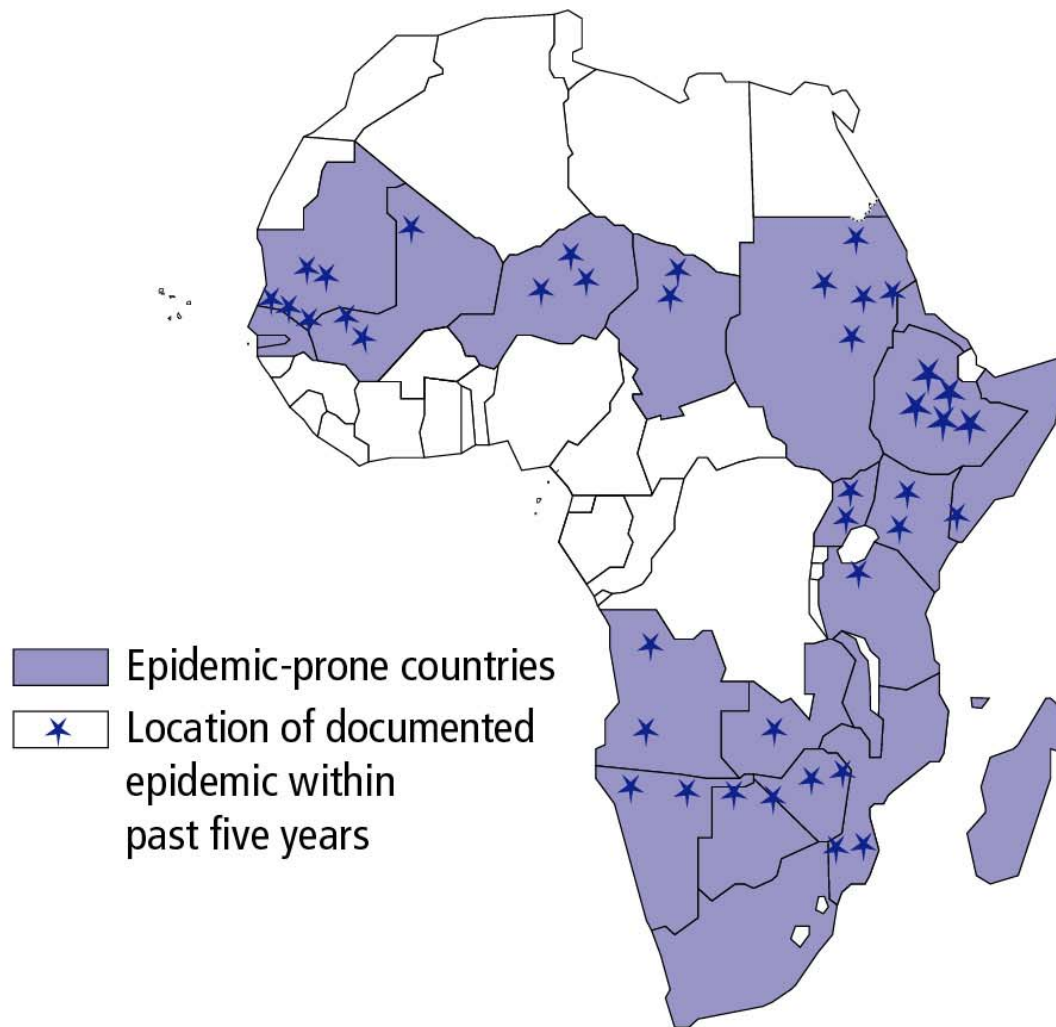
Use of ITNs by pregnant women is a fundamental part of the Strategic Framework for Africa



Note: refers to use the night before the survey

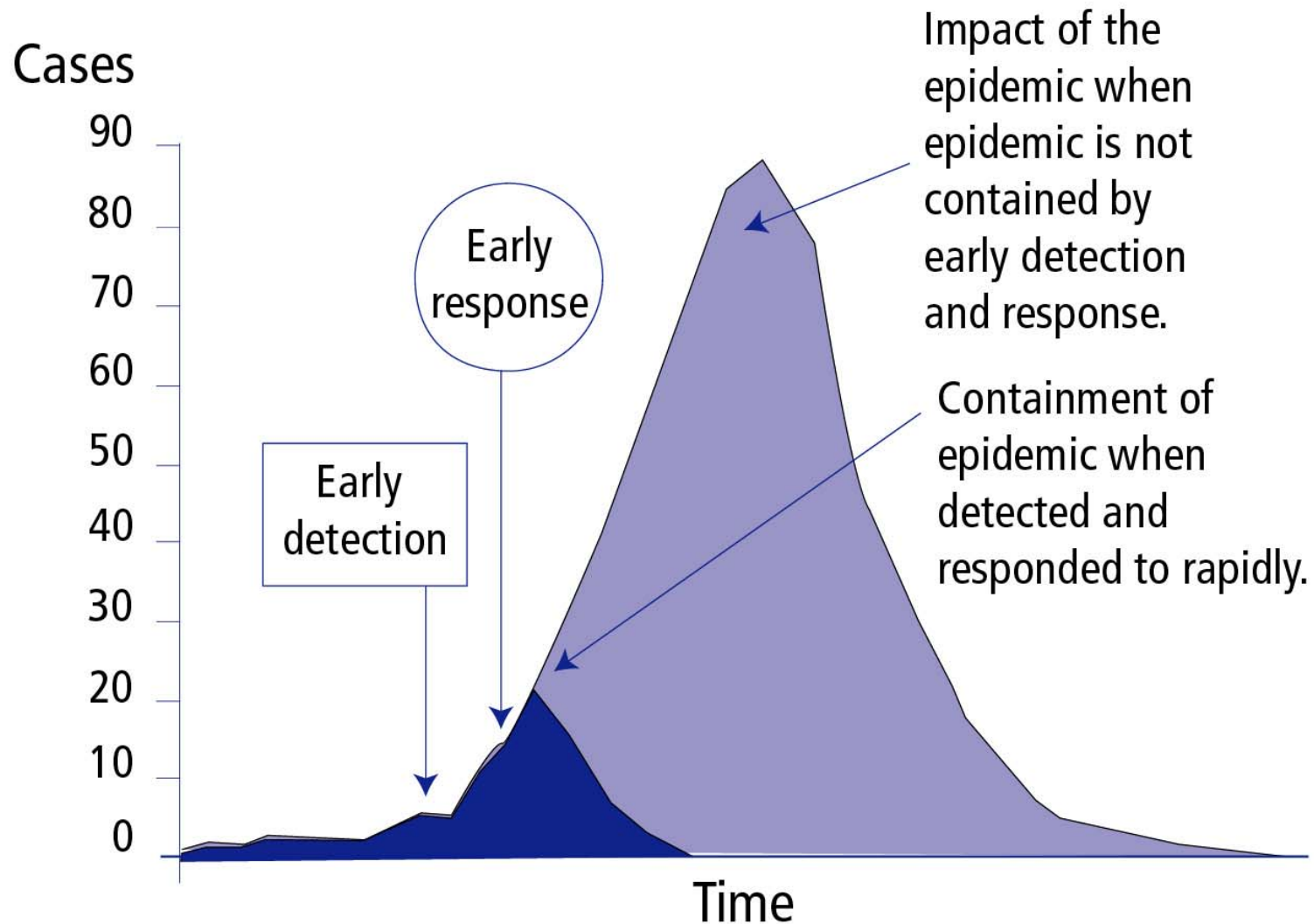
Malaria Epidemics

Malaria epidemics in Africa 1997–2002



Source: Africa Malaria Report 2003, Figure 5.2

Outbreak detection and response



Source: Africa Malaria Report 2003, Figure 5.4

Africa Malaria Report 2003: Summary

- **Malaria is the principal cause of at least one-fifth of all young child deaths in Africa south of the Sahara**
- **Malaria makes substantial demands on Africa's fragile health care infrastructure**
- **The burden of illness and death remained high throughout the 1990's and increased in most countries in eastern and southern Africa**
- **Coverage of the RBM interventions remains low**
- **The poorest and most vulnerable are being left further behind**

Africa Malaria Report 2003: RBM Successes

- **Sustained high-level political commitment and greater action**
- **Available resources have increased substantially**
- **Coverage of the RBM interventions is increasing in many countries (but need greater effort to more rapidly provide access to most-affected communities)**

